

SYNOPSIS

GUIDELINES FOR THE MANAGEMENT OF HEAVY MENSTRUAL BLEEDING

Explanation of grading of evidence

The working party accepted a grading of evidence recommended by the Department of Health, UK and endorsed by the National Health Service Executive, UK (Mann 1996).

- Grade A - based on randomised controlled trials*
 B - based on robust experimental or observational studies
 C - based on more limited evidence but the advice relies on expert opinion and has the endorsement of respected authorities

* in diagnostic testing comparative cross sectional studies with a gold standard are Grade 'A'. A gold standard test is defined as best available test.

BACKGROUND

- In New Zealand 2-4% of consultations by premenopausal women with a general practitioner are for menstrual problems and 11% of general practice referrals to a specialist are for assessment of these menstrual problems.
- Women with heavy menstrual blood loss (>80 mls/cycle) have a greater likelihood of becoming iron deficient and anaemic.
- Seven thousand women have hysterectomies each year in New Zealand: In premenopausal women 80% of these are for heavy menstrual bleeding.

RECOMMENDATIONS

(Level of evidence given for these recommendations is given in brackets)

Assessment

- Women who have a normal haemoglobin level should be encouraged to chart their menstrual blood loss by using a pictorial blood loss assessment chart (Fig 6.1) (Grade B).
- Women with erratic menstrual bleeding should be referred to a specialist as endometrial polyps and submucous fibroids are more likely to be present (Grade B).
- Perimenopausal women with irregular cycles but normal blood loss do not require referral (Grade C).
- An abdominal and pelvic examination should be performed in women presenting with heavy menstrual bleeding with the possible exception of women under the age of 20 as the likelihood of pathology is small (Grade C).
- Women with an abnormal pelvic examination, should have an ultrasound to confirm the findings and specialist referral (Grade C).
- A full blood count should be offered to all women presenting with heavy menstrual bleeding (Grade A).
- Women with severe anaemia (<80 g/l) should be referred to a specialist because of the increased likelihood of need for surgery (Grade C).
- Thyroid function tests do not need to be routinely performed in women with heavy menstrual bleeding unless the woman has symptoms or signs of hypothyroidism (Grade C).

- The following women with heavy menstrual bleeding are recommended to have a transvaginal ultrasound of the endometrium
 - weight \geq 90 kg
 - age \geq 45 years old
 - other risk factors for endometrial hyperplasia or carcinoma such as infertility or nulliparity, family history of colon or endometrial cancer, exposure to unopposed oestrogens (Grade B).
- If transvaginal ultrasound is not available then an endometrial sample should be taken (Grade C).
- If the endometrial thickness on TVS is \geq 12 mm an endometrial sample should be taken to exclude endometrial hyperplasia (Grade A).
- Failure to obtain sufficient material for histological diagnosis does not require further investigation unless the endometrial thickness is \geq 12 mm (Grade B).
- Hysteroscopy and biopsy is indicated for women with erratic menstrual bleeding, failed medical therapy, or transvaginal ultrasound suggestive of intrauterine pathology such as polyps or submucous fibroids (Grade B).
- Tests for coagulopathy are only indicated in women who have suspicious features in the history or examination (Grade C).

Medical Management

- The following treatments are effective in reducing regular heavy menstrual bleeding:
 - Levonorgestrel intrauterine system
 - Tranexamic acid (menstruating days only)
 - Non-steroidal anti-inflammatory agents (menstruating days only)
 - Oral contraceptive pill (Day 5-25)
 - Long course of high dose norethisterone (Day 5-25)
 - Danazol (daily continuous) (All Grade A)
- Progestogens (norethisterone or medroxyprogesterone acetate) given in the luteal phase (Day 12-26), are not effective in reducing regular heavy menstrual bleeding (Grade A).
- Treatment with norethisterone for 21 days (Day 5-25) is effective in reducing menstrual blood loss (Grade A)
- Emergency suppression of a heavy prolonged menstrual bleed can be achieved by norethisterone 15 mg/day or medroxyprogesterone acetate 30 mgs/day for 3 weeks (Grade C).

Surgical Management

- Dilatation and curettage is not effective for therapy in women with heavy menstrual bleeding (Grade B).
- The endometrium can be destroyed with a variety of techniques but there may be a 40% reoperation rate after 5 years (Grade A).
- Women are more likely to be satisfied with endometrial ablation than oral medical therapy (Grade A).
- There is a similar satisfaction rate and efficacy with endometrial ablation and the levonorgestrel intrauterine system (Grade A).
- Vaginal hysterectomy is associated with reduced operating time, earlier hospital discharge and reduced costs when compared with laparoscopically assisted vaginal hysterectomy (Grade A).
- Endometrial destruction techniques and vaginal hysterectomy are preferable to abdominal hysterectomy (Grade B).